AP20 Rec'd PCT/PTO 08 JUN 2006

Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Computer Readable Form (CRF):: Number of copies of CRF:: 0

Title:: DEVICE FOR A TORQUE OR SHEAR

FORCE TRANSMITTER FOR THE

DETERMINATION OF FIBRE

CONCENTRATION OR VISCOSITY IN

PULP SUSPENSIONS AND METHOD FOR

RESETTING OF THE TRANSMITTER SHAFT IN A TOROUE OR SHEAR

FORCE TRANSMITTER

Attorney Docket Number:: 1506-1091

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: PETER

Middle Name::

Family Name:: LUNDBERG

Name Suffix::

City of Residence:: AMAL

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing BRÅNASMEDSGATAN 5

Address::

City of Mailing Address:: ÅMÅL

State or Province of Mailing Address:: SWEDE:

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-662 33

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JOAKIM

Middle Name::

Family Name:: KULLANDER

Name Suffix::

City of Residence:: SÄFFLE

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing KALVHAGEN, ENEBACKEN

Address::

City of Mailing Address:: SÄFFLE
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-661 91

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent
		Application::	Filing
			Date::
This application	National Stage of	PCT/SE2004/001812	12/6/04

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
SWEDEN	0303303-2	12/9/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::